



**Andy Beshear**  
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF INSPECTOR GENERAL**

**Eric Friedlander**  
SECRETARY

**Melissa A. Moore, Director**  
Division of Regulated Child Care  
Eastern Branch  
455 Park Place, Suite 120A  
Lexington, KY 40511  
Phone: (859) 246-2301 Fax: (859) 246-2307  
<https://chfs.ky.gov/agencies/os/oig>

**Adam Mather**  
INSPECTOR GENERAL

**Inspection Report**

|                                                                      |                                       |                                     |
|----------------------------------------------------------------------|---------------------------------------|-------------------------------------|
| <b>Provider Name:</b> Tots Landing Learning Center                   | <b>Provider Information</b>           | <b>CLR No:</b> L355515              |
| <b>Provider Address:</b> 2245 Gulfstream Drive, Lexington, KY, 40504 | <b>Provider Type:</b> LICENSED TYPE I | <b>Capacity:</b> 97                 |
| <b>Owner(s):</b> Tots Landing Learning Centers, LLC                  |                                       | <b>Director(s):</b> Grieve, Carisia |

|                                           |                                           |                              |
|-------------------------------------------|-------------------------------------------|------------------------------|
| <b>Inspection Type:</b> Investigation     | <b>Inspection Information</b>             | <b>Inspection No:</b> 291236 |
| <b>Date Initiated:</b> 09/24/2019 2:27 PM | <b>Date Concluded:</b> 09/24/2019 2:46 PM |                              |
|                                           | <b>No. of Children Present:</b> 86        |                              |

| <b>Inspection Report</b>      |  |                      |
|-------------------------------|--|----------------------|
| <b>General Administration</b> |  | <b>In Compliance</b> |
| <b>Director Requirements</b>  |  | <b>In Compliance</b> |
| <b>Employee Records</b>       |  | <b>In Compliance</b> |

Signature of Provider/Representative

Title

Date